754292

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SECRETARY OF STATE

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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	ECT: Coral Harbor Condominium Association, Inc. (Name of Corporation)				
DOC	UMENT NUMBER: 754292				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Cathy J. Sorenson (Name of Contact Person)				
	Sorenson Realty, Inc. (Firm/Company)				
	2930 Del Prado Blvd, S Suite B (Address)				
	Cape Coral, FL 33904 (City/State and Zip Code)				
For further information concerning this matter, please call:					
Cathy	7 J. Sorenson at (239) 540-7447 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section Street Address: Amendment Section				

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organize	607.1508, or 617.1508 ed under the laws of th	8, Florida Statutes, this e State of Florida		
in orde	er to change its registered office or registere	ed agent, or both, in the	e State of Florida.		
1. The name of the corporation: Coral Harbor Condominium Association, Inc.					
The principal office address: 2930 Del Prado Blvd, S Suite B Cape Coral, FL 33904					
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 9/23/1980	Document number	754292		
	d street address of the current registered age rtment of State:		SEP 29 AM 8: 07 RETARY OF STATE AMASSEE. FLORID		
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or re	gistered office		
	Cathy J. Sorenson				
	Sorenson Realty, Inc.		and the same		
	(P.O. Box NOT acceptable)				
	2930 Del Prado Blvd, S Suite B	Cape Coral, FL	33904		
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.					
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.					
Pamil	ure of an officer or dispersor)	Printed or ty	ped name and title)		
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered agent and to comply with the provisions of all statuted I am familiar with and accept the obliging filed merely to reflect a change in the s been notified in writing of this change.	agree to act in this ca es relative to the prop ation of my position a registered office addr	pacity, er and complete performance s registered agent. Or, if this ess, I hereby confirm that the		
Cathy	gnature of Registered Agent)	9/7/2006	Date)		
If signing on be	chalf of an entity:				
Cathy J. Sore					
(Typed or Printed Name)				
	* * * FILING FEE	E: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314